

YOUTH SERVICES
OFFICE OF JUVENILE JUSTICE
PRE-EMPLOYMENT HEALTH INFORMATION

The attached health questionnaire is intended to verify your physical capability to safely perform the job for which you are being considered. It is not intended to take the place of exams given by your personal physician.

Name:		Social Security #:	
Address:	City:	State:	Zip Code:
Work Location:	Job Title:		

I certify that the information contained in this record is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement in this record shall be deemed sufficient cause for rejection of my application or dismissal after employment. I understand that I will not be entitled to future workers' compensation benefits if I knowingly and willfully conceal or make false representation about the information requested. I understand that the ***Office of Juvenile Justice (OJJ)*** will rely on this medical and occupational history in making a decision about my ability to safely perform my job.

Pre-existing Condition: OJJ requires that you provide us with a medical release from your treating physician before you can be cleared for work if you have a pre-existing condition which may impact your ability to perform your duties.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS. ALL INFORMATION PROVIDED IN THIS RECORD IS COMPLETE AND IS ACCURATE.

Signature of Applicant: _____ Date: _____